MAXIMUS Federal Services

Case Number:	CM15-0042352		
Date Assigned:	03/12/2015	Date of Injury:	10/03/2012
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old male, who sustained an industrial injury on 10/3/2012. He has reported immediate acute lower back pain performing a jump squat. The diagnoses have included low back pain, degenerative disk disease, L4-5 radiculopathy, status post lumbar transforaminal epidural steroid injection with residual numbness, L3-4 herniation and stenosis, L4-5 disk extrusion and left leg sciatica. Treatment to date has included medication therapy, physical therapy, and modified duty. Currently, the IW complains of low back pain and left leg numbness and tingling. The physical examination from 2/11/15 documented tenderness at L4-5 and L5-S1 regions with pain noted at end Range of Motion (ROM) in flexion and extension of lumbar spine. There was reduced sensation left L5 area. The plan of care included physiatrist consultation and treatment and a functional anesthetic discogram.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physiatrist consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 92 112 127Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: There patient is under the care of physiatrist and there is no documentation that the patient condition requires a different expertise and different specialist. The provider reported did not document lack of pain and functional improvement that require referral to another specialist. The requesting physician did not provide a documentation supporting the medical necessity for a referral to another specialist. The documentation did not include the reasons, the specific goals and end for using the expertise of another specialist. Therefore, the request for Physiatrist consultation and treatment is not medically necessary.